

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Handwritten initials]</i>	<i>[Handwritten initials]</i>	<i>[Handwritten initials]</i>
FORMALITY REVIEW	<i>[Handwritten initials]</i>	1021	04/27/01
RESPONSE FORMALITY REVIEW	A. M.	5C 58D	07-11-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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BEST AVAILABLE COPY

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04/27/01